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TO: CONGRESSIONAL REGULATORY AFFAIRS COMMITTEE
FROM: STATE REPRESENTATIVE BRIAN P. WALLACE
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Good morning to this honorable and distinguished committee. I would like to take this opportunity to thank each of you for allowing me to testify before you this morning, and discuss a serious and perplex topic such as Oxycontin.

In 1860, the man who was appointed by President Lincoln to head up the patent office in Washington said there wouldn't be a need for a patent office much longer because everything that could be invented had already been invented. I must add.... This man was a REAL visionary!

I am starting my testimony today with this little vignette, to highlight the fact that people make mistakes. Even people in government make mistakes, if you can believe that. Have there been mistakes regarding Oxycontin? The abbreviated answer: Absolutely. Will we learn from those mistakes? God I hope so. Mistakes are going to happen. It's what we do as elected leaders, which can rectify those mistakes that are important.

I don't think anyone in this room would argue with the fact that the FDA made a mistake in 1898 when they legalized a drug called heroin. At the time, the FDA claimed which the drug was safer than morphine. Consequently, some doctors were even championing heroin as a cure for morphine addiction after the FDA made such claims.

Two years after heroin was legalized there were an estimated three hundred thousand morphine addicts in the United States, including many Civil War veterans who had become addicted while being treated for war-related injuries. The condition was so commonplace it was called, "The Soldier's Disease."

In 1924, some twenty six years after heroin was legalized the Government stepped in and banned the sale of heroin. At that time, in 1924, it was estimated that 9 percent to 24 percent of patients being treated for drug addiction had first been exposed to the medication (Heroin) while being treated by a physician for pain. Does this sound familiar? As the saying goes: Those who do not learn from history are doomed to repeat it; however, I believe Purdue hasn't learned anything from history, or they simply have chosen to ignore it.

I truly wish the officials at Purdue Pharma had spent more time reading about the history of pain medication in this country, rather than reading about their profit margins. And, make no mistake about it; this is all about the bottom line and profit margins. Families have been ruined, communities left ravaged by substance abuse and addiction, people are dead, and people are dying. People are stealing from their neighbor's, pharmacies are under constant threat, and Purdue Pharma continues their climb towards their goal of \$2 Billion dollars in revenue, which is delivered through their marquee product, Oxycontin.

I think what upsets me the most is the fact that officials at Purdue knew that their drug Oxycontin had been compromised as early as 1998. And, instead of reformulating the drug, they flooded the country with it. In 1998, a detailed report on time released narcotics appeared in a very prestigious medical journal, which foretold what lay ahead. The study's bottom line was that time released painkillers were potentially more attractive to drug abusers, not less so, because their narcotic payload was stronger and purer. This was the first time that research appeared to contradict safety claims made for time-released narcotics, such as those used by the FDA, when it approved Oxycontin's special label.

In early 1999, a California doctor named Frank Fisher, as well as, the owners of a local drugstore were arrested and charged with murder in connection with the deaths of three of Fisher's patients from drug overdoses that involved Oxycontin. Purdue was more than aware of the trial and the ensuing bad publicity that followed.

In the same year (1999), Dr Richard Norton, a doctor from Pennington Gap Virginia, told Purdue Pharma in detail how people were getting high and overdosing on the powerful drug by crushing and chewing Oxycontin tablets. Again, that same year (1999), a drugstore owner in Indiana named John Craig was told by a Purdue sales representative that Oxycontin couldn't be crushed and could not be injected.

One former Purdue district sales manager, William Gergely, told the Florida Attorney General that top company marketing and sales executives at Purdue Pharma were telling their sales representatives to tell doctors that Oxycontin was “Non-Habit Forming.” In reality, all Purdue Pharma sales representatives were instructed through sales training, to tell doctors that less than 1% of their patients were in danger of becoming addicted to Oxycontin, even as the death toll mounted across the country. Now that is creative and consistent messaging!

Purdue Pharma was well aware of the dangers that Oxycontin was posing throughout the country, the signs were there and people were clamoring for help. However, there was no shortage of Purdue Pharma salesmen and women. By 1998 Purdue’s sales force would stand at 625 people, nearly twice its level prior to the introduction of Oxycontin. Additionally, Purdue’s sales-based bonus system, which was considered to be the most lucrative in the pharmaceutical industry was delivering annual bonuses well over \$100,000 a year to many sales representatives.

By 2002 Purdue was selling nearly \$30 Million worth of Oxycontin per week. And, data collected from the Philadelphia-based IMS Health, which provided reports to Purdue sales representatives delivering the necessary information to know how much Oxycontin a doctor was prescribing, and how many prescriptions doctors were writing for competing painkilling drugs. This allowed Purdue sales representatives the ability to tailor their sales pitch.

Through this system, doctors were ranked by Purdue Pharma according to their prescribing volume as “decibels” with a 10 grade being the highest. Doctors who were classified as decibels 8 through 10 were considered prime targets by the sales force. As more physicians prescribed Oxycontin, the more money the sales reps received, and more people died.

I recently filed a bill in the Massachusetts House of Representatives, to restrict Palladone from getting a foothold in our state. A few months ago, the FDA asked Purdue Pharma to pull Palladone, which is a 24 hour time released morphine-based medication. What did Purdue Pharma do when Palladone was pulled? They immediately said they would reformulate Palladone and have it back on the shelves in a short time. It has always been my contention that Purdue Pharma could have reformulated Oxycontin if it was pulled by the FDA. It still hasn’t happened. Will it ever happen? I leave that question before you here today.

Currently, Purdue Pharma is facing over 6,500 individual lawsuits from average people who went to their doctors to get help for chronic pain. Many of these individuals, or victims became addicted to Oxycontin. Many have lost their jobs, businesses, and families. However, the good news is that Purdue Pharma reached their specific revenue goals and subsequently broke \$2 billion dollars in revenues. Congratulations Purdue.

I would like to thank this honorable panel of distinguished members for allowing me this opportunity to give testimony regarding this import issue before us today.